

Student's Signature:

RN/MD/Preceptor's Signature:

Western VA EMS Council

Patrick County EMT-Enhanced Pilot Course

Skills Competencies Documentation Form

Skill Performed	Date	Details	Comments
Medication Administration (15)		Med: _____ Dosage: _____ Route: _____	
IV Access (10) (1 per age group: 1-17;18-65;65+)		Patient's Age: _____ Ga: _____ Location: _____ #Attempts: _____	
Ventilate Non-Intubated Patient (1)		Situation: _____	
Pediatric Assessment (5)		Patient's Age: _____ Complaint: _____	
Adult Assessment (12)		Complaint: _____	
Geriatric Assessment (5)		Patient's Age: _____ Complaint: _____	
Trauma Assessment (5)		Injuries: _____	
Psychiatric Assessment (2)		Complaint: _____	
Chest Pain Assessment (10)		Description: _____	
Respiratory/Dyspnea Assessment (10)		Description: _____	
Abdominal Complaints (5)		Description: _____	
Altered Mental Status (5)		Description: _____	
Team Leader (AIC) on EMS Unit (10)		Description of Incident: _____	

Skill competencies must be documented on this form with the date, details and signatures of the student and an RN/MD or approved preceptor supervising performance of skill.

Students are to utilize one (1) form per patient contact.